



**Louisville Metro Government**  
**517 Court Place**  
**Louisville, KY 40202-3305**  
**( 502) 574-8100**

**AUTHORIZATION FOR RECORD CHECK**

**Position Applied for:** \_\_\_\_\_

**PLEASE PRINT FULL NAME CLEARLY (Including Middle Initial)**

**Name:** \_\_\_\_\_

**Maiden/Previous Names:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **(REQUIRED)**  
Month Day Year

**Current Address:**

**Street Number & Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Previous Address (If less than three years at current address):**

**Street Number & Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize Louisville/Jefferson County Metro Government to search any and all police record(s) regarding me and to make this information available to the Appointing Authority in Louisville Metro Government processing my application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_